



THE PANDA CAFÉ @ Immaculate Heart Middle School
5515 Franklin Ave, Los Angeles 90028

Course Description: Have you watched a food channel program and wished you could be a part of it? The Panda Café is offering a one-week Culinary workshop in which students will learn professional kitchen skills including using professional kitchen equipment, how to read and follow a recipe then present their creation. Students will bring home their creation at the end of the week.

All supplies provided. Please wear closed toed shoes. PERMISSION FORM ATTACHED

Panda Café Workshops

Baking: Decadent Chocolate Cake!!

June 13th – June 16th 12:15pm to 2:15pm Ages 10 to 15 Tuition: \$70

Breakfast: The Panda Café Quiche!

June 20th – June 23rd 12:15pm to 2:15pm Ages 10 to 15 Tuition: \$70

Lunch Entree: Chinese Style Pot Stickers!

June 27th – June 30th 12:15pm to 2:15pm Ages 10 to 15 Tuition: \$70

Dinner Entree: Fresh Pesto Pasta!!

July 5th – July 8th 12:15pm to 2:15pm Ages 10 to 15 Tuition: \$70

To Register: Tear off bottom portion of this flyer and return to the IH Middle School office
For questions & more information call Chef Kim at 323-461-3651 ext.229

American Culinary Federation Members:

Executive Chef Dan Patterson, Chef De Cuisine Kim Larson and Kitchen Manager Linda Patterson

Submit with a check payable to: **D&L Catering Inc. Or Cash Acceptable**

____ Yes! I would like to register for Baking: Decadent Chocolate Cake! (\$70)

____ Yes! I would like to register for Breakfast: The Panda Café Quiche! (\$70)

____ Yes! I would like to register for Lunch Entrée: Chinese Style Pot Stickers! (\$70)

____ Yes! I would like to register for Dinner Entrée: Fresh Pesto Pasta! (\$70)

Student's Name _____ Age _____

Parent's Name _____ Signature _____

Cell Phone _____ email (please print) _____



Immaculate Heart High School & Middle School

5515 Franklin Avenue • Los Angeles, CA 90028 • (323) 461-3651 • fax (323) 461-7182 • www.immaculateheart.org



COOKING CLASS AFTER SUMMER SCHOOL PERMISSION FORM

I request that my daughter _____ be allowed to participate in the COOKING CLASS AFTER SUMMER SCHOOL IN THE CAFETERIA KITCHEN.

June 13 – July 7 - Monday – Thursday - 12:15pm - 2:30pm

Educational Purpose: To learn proper cooking technique

I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of this activity.

As a condition of being allowed to do so, I hereby release and discharge the school from any and all claims for personal injuries or property damage my daughter may suffer as a result of participation in the activity described above. Should it be necessary for my daughter to have medical treatment while participating in this activity, I hereby give the school personnel permission to use their judgment in obtaining medical service, and I give permission to the physical selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

(Signature of parent or guardian)

(Address)

(Home and work telephone numbers)

(Date signed)

If the student has any health concerns or medication conditions (including allergies, physical limitations, medications required, etc.) **even if prior notification has been given to Immaculate Heart**, please indicate them here: _____

(Signature of parent or guardian)

(Date signed)